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MORE ABOUT SULPHUR.

BY E. R. WATERHOUSE, M. D., ST. LOUIS, MO.

I HAVE read with pleasure the very able article in the July JOURNAL by Dr. G. P. Bissell, upon "Sulphur as a Therapeutic Agent." It is a very able and instructive production, yet I must say that the Doctor cut his communication short before getting to the real essence of the subject.

Dr. Burt in his recent work, "Physiological Materia Medica," says: "Sulphur is the king of remedies, around which centers the whole materia medica." He may be a little enthusiastic upon this point, yet he states many very important facts regarding it.

This drug can be stated to be cathartic, laxative, stimulant, diaphoretic, and alterative. It is my opinion that in each one hundred cases where sulphur is exhibited, ninety cases will not show the desired results on account of the drug being administered in too large doses.

Of course when we desire the laxative or cathartic action, it is

necessary to give it in full doses, while in other cases the small doses that will fall short of any action upon the bowels, will do wonders.

It must be remembered that the most important action from sulphur, comes from its change, while in the system, into a sulphide; this change takes place slowly, and when it is administered in large doses it is soon carried off by way of the bowels, without undergoing this change.

I often use the first and second triturations, that is, one part of the sulphur and nine parts of sugar of milk constituting the first, and one to ninety-nine the second.

Of this I give doses of five or six grains four or five times a day. This medication is applicable in the treatment of almost all diseases hinging upon a scrofulous diathesis. Of this class we find affections of the mucous membranes, ulcerations, sorofulous ophthalmia, and ulcerations of the cornea, boils, diseases of the hip, knee or other joints; also many times we will find that an obstinate nasal catarrh is dependent upon a strumous condition, and after becoming nearly discouraged, by not getting the desired results from our medicines, we prescribe small doses of the first trituration of sulphur, and after a few months the patient is well.

We will find numerous cases of disease of the female reproductive organs that can be traced to a scrofulous condition, which may be relieved by this remedy alone. In some of these cases we find anemia that the usual prescriptions of iron do not reach; here we alternate the iron with small doses of sulphur, and all goes well.

It is a remedy of importance in the treatment of chronic rheumatism, either mercurial or otherwise. In these cases of rheumatism where sulphur is curative, we will find the pain is tensive, or I may say tearing, and constant; it may be of a scrofulous or syphilitic origin.

I have relieved many cases of incontinence of urine, in poorly nourished subjects, where there was a defect in disintegration of worn-out tissue, or, in other words, where alteratives were strongly demanded.

One of the important places for sulphur is in diseases of the liver, with obstruction of the portal circulation, as well as in other glandular engorgements.

It is indicated in catarrhal conditions following the suppression of an eruption. You will often meet cases of children that sulphur will benefit; you will observe a tallow complexion, pinched features, large bellies, with poor appetites; tonics do them no good, but small doses of sulphur will be all that is desired.

Many middle-aged ladies complain of cramping about the calf of the leg and about the feet; it is the most troublesome after going to bed, and they are obliged to resort to almost all manner of applications before the trouble is relieved. Here I would administer the first decimal trituration in doses of what would lie upon a ten-cent piece, four times a day.

Regarding this remedy in the large, old-fashioned doses, it also has a great range of usefulness.

As a cathartic, its mildness commends it in cases of pregnancy, as well as for children and delicate people. As a cathartic wash sulphur is most desirable. It is prepared by taking the ordinary sublimed sulphur, and washing it with hot water, which destroys the free acid that it often contains, which causes it to gripe.

In the treatment of hemorrhoids sulphur is often the best remedy. Mix equal parts of sulphur with cream-tartar, and give in doses sufficiently large to keep the bowels loose, say a teaspoonful of the mixture every morning.

Sulphur is a remedy in many obstinate troubles of the lower bowels, with pain or weight in the back; there may also be discharges of bloody serum, with straining at stool.

It is indicated in skin diseases, where there is burning and itching, that is increased or brought on by the application of heat. It is also an important remedy in lead colics. Many prize it highly in diphtheria.

Equal quantities of sulphur and starch is a capital local application to chancroids; also it is applicable to cracked nipples.

The remedy that I often prescribe, to be taken in alternation with the sulphur, is the deuto-iodide of mercury, in the second

or third trituration; this is especially applicable in those cases of scrofulous ulcerations of the cornea in children.

Taking its great range of usefulness, it is one of our most valuable remedies, when we once learn how to handle it to advantage.

ON AMPUTATION WITH REFERENCE TO ARTIFICIAL LIMBS.

BY J. UDSON, M. D.

IN almost every department of medicine and surgery, there are certain so-called "axioms" which are universally received, and which exercise vast influence in their respective spheres. While not universally denouncing these "fundamental laws," some of which have borne the test of time, I am warranted, I believe, in stating that unreasoning obedience to rule has resulted in much that is censurable in the practice of the different schools of medicine.

It is natural that we should receive the utterances of genius and learning with respect, but too many of the views of the past have been consigned to the limbo of exploded ideas to warrant us in looking on the present "axioms" of medicine as incontestable.

Of late my attention has been attracted to the subject of amputation, from having been brought in contact with several patients who have been operated upon according to the best received rules of surgery, but yet find that they can secure no artificial limb which will be more serviceable than the old peg leg.

In all of these cases, if regard had been paid to amputating at a point where a leg could have been properly adjusted, a comparatively useful limb would have resulted. But the law that "every inch of bone should be saved," was strictly adhered to, and these men will have to hobble through life or else submit to the dangers of a second operation.

Although there is considerable difference of opinion regarding the merits of the various operations on the lower extremities,

this axiom of "save every inch of bone" is all but universally accepted, and amputations of all kinds are performed in conformity with it. Some surgical works hardly mention the subject of artificial limbs.

Two considerations guide us in amputating: one, the danger to the patient; the other, the usefulness of the resulting stump.

The latter is most frequently lost sight of, that is, as far as artificial limbs are concerned, the surgeon solacing himself with the fact that his patient has not succumbed to the operation, and that he has followed the text-books to the letter.

There are, however, a number of operations laid down for the guidance of the surgeon, which are unnecessarily crippling, and the fact that they have a small percentage of safety in their favor should not outweigh the arguments in favor of an operation nearer the trunk. Chopart's, Syme's, and Pirogoff's amputations, although commended by the highest authority, result in a hobbling gait, while an amputation through the lower part of the leg permits of a substitute, which answers almost all of the purposes of a natural limb, excepting in certain extremely laborious employments. Yet Bryant states that "to amputate a foot, while any less would suffice, is, in the present age, almost criminal."

Surgical authorities are by no means unanimous in their opinions regarding the merit of the different operations at or near the ankle joint, all of these amputations in turn coming in for a share of adverse criticism; and in rejecting them all, where the patient is willing to incur a little extra risk, and going higher, I have always felt that I was doing nothing less than my duty.

Every surgeon is familiar with the tables which have been compiled, giving the mortality resulting from each operation, and knows what discrepancies appear when the various calculations are compared, proving them to be hardly as reliable as some authors would have us think. When we have no means of determining whether the patient has succumbed to the operation or the injury necessitating it, we are not warranted in setting it down to the discredit of the former when we go higher than the original lesion.

But assuming that existing authorities are correct, and that there is an increased danger (although less than ordinarily stated) in going nearer the trunk, the result more than compensates for the extra hazard. To use the words of Dr. Stephen Smith in speaking of amputations of the lower extremities, "when the operation nearer the trunk would give the better stump, the danger of the wound is not so much greater, generally, as to forbid accepting the slightly increased risk, for the life-saving advantages usually gained." Those whose practice is in the larger railroad centers of the country, have opportunities to observe all varieties of maimed limbs among railroad men, and have an opportunity of studying the merits of different operations. I can say for my own self that I have never seen a case of Chopart's, Syme's, or Pirogoff's operation where there was not a lamentable lameness. On the contrary, I have frequently met men who have lost a foot and part of the leg who betrayed no sign of having lost a limb.

I must acknowledge that I can see little in favor of those much-extolled foot and ankle operations. It is an impossibility to fit the resulting stump with a patent leg which will be any thing but an incumbrance.

When we come to leg amputation, we find this same "save-all the-bone" rule as strictly adhered to, and the result is frequently a stump too long to fit successfully with an artificial leg. Whereas, going a few inches higher would leave an admirable stump. A mechanical contrivance must have room for a joint mechanism, and to saw a bone off close to the ankle is a great mistake. The lowest point at which to amputate the leg is at the juncture of the lower with the middle third. A shorter stump can be utilized, but there is a loss of power as we go higher. The possibility of sloughing, necessitating re-amputation, should guard us against taking any chances or going too close to the injury. I have seen legs almost ruined by injudicious attempts to save more than could be safely allowed to remain.

Professor Howe says that objection to amputation at the knee joint on account of difficulty in adjusting an artificial limb "has

not been sustained by experience." With all due regard to the learning and operative skill of that great surgeon, I must differ with him in his conclusions. While I do not deny that such a limb can be made and worn, it is a poor substitute; while a thigh operation, which is performed with no more serious results, offers a good stump for a useful limb. I would, therefore, prefer the thigh operation in all cases.

I would never follow Professor Howe in cutting through the condyles in order to save more of the limb, as the danger is not much greater, and I can insure my patient a good limb by going a little higher. Just above the condyles is the "point of election," the surgeon saving all he can when obliged to go higher.

Where artificial limbs are to be worn, the circular operation, so extolled by Hamilton and others, should not be performed, as it has never given good results in such cases. The double flap operation answers all purposes, protecting the edges of the bone, where there is always more or less pressure. There is no necessity for a big cushion of flesh, as a small conical stump has the best control of an artificial limb, the bearing coming altogether on the sides.

Such, in brief, are my ideas, not original by any means, in regard to amputations of the lower limbs, and I believe them to be based on sound principles. While my conclusions are in direct opposition to the "great axiom" which is so reverenced by the large majority of my professional brethren, I will always believe that a useful artificial limb is the next best thing to a sound leg.

CHRONIC NASAL CATARRH.

BY J. C. ANDREWS, M. D.

CHRONIC inflammation of the nasal organs is not an uncommon malady; rarely is there an adult but at some time in life has suffered an attack of greater or less severity. One of the most common causes of this, and other affections of the air passages, is cold. The patient's general health is usually more or less im-

paired from exposure to the damp night air, insufficient protection about the chest and arms, overwork, improper attention to hygienic surroundings, late hours, in fact anything that may impair the functions of digestion, secretion, excretion, innervation, and assimilation.

When once the disease becomes chronic, it becomes an exceedingly difficult task to cure. The nasal cavities being so delicate in their construction and organization, it requires no little courage and perseverance on the part of the patient to continue treatment for a sufficient length of time to effect a cure, and no small amount of skill and tact on the part of the medical attendant to manage a case successfully.

As the general health is in some degree involved, the systemic treatment becomes an important adjunct; however, both local and constitutional are requisite to success. The function of digestion being impaired:—

℞ Lloyd's colorless hydrastis, ʒj.
Specific tr. penthorum sed., ʒij.
Aqua pura, ʒiij.

M. Sig.—Teaspoonful four times a day.

Should there be burning in the nasal cavities, tr. rhus tox. should be added in the proportion of a drop to the ounce of the mixture. Should there be a scrofulous or tuberculous tendency in the system, the following should be administered:—

℞ Lloyd's Hydrastis, ʒj.
Fowler's Sol., ʒij.
Syrup lacto phosphate of lime, ʒiij.
Specific tr. penthorum sed., ʒij.

M. Sig.—Teaspoonful four times a day. If the bowels are costive tr. nux vom. may be added gtts. j to iii.

Occasionally a case is met where colorless hydrastis will not be tolerated, when specific tr. hydrastis ʒi may be substituted. If the patient is anemic, the acid solution of iron may be brought into requisition, and such other remedies as may from time to time be indicated. As to the local treatment, it should be varied to meet the indications as they present themselves.

Some good atomizer is selected, or the insufflation of the medi-

cated solution from the hand, or both may be used, as the patient may prefer. If the spray is used, it should be preceded by the insufflation of a solution of salt from the hand, until the parts are thoroughly cleansed, when they may be as thoroughly medicated, taking plenty of time, not being in too much of a hurry, by the following:—

℞ Lloyd's hydrastis, ℥j.
Asepsin, gr. j.
Aqua pura, ℥j.

M. Sig.—To supply locally with the spray two or three times a day, alternated weekly by the following:—

℞ Salicylic acid, ℥ij.
Borate Soda, ℥j.
Aqua pura, ℥iv.

M. Sig.—Used as the above or a solution of boracic acid may be substituted, if the discharge is thick, simulating pus. Should the mucous membranes be pallid, the tongue coated, with a thick, pasty, nasty, secretion:—

℞ Sulphite of soda, ℥i.
Water, j.

M. Sig.—To be used freely by insufflation two or three times daily.

Phenol sodique is another invaluable local remedy, diluted one-half or more with water.

The white pinus canadensis may be thought of when the discharge is excessive.

Attention to the skin should by no means be neglected, a salt water or other bath should be used at least every other day, or as frequent as the strength of the patient will permit. The ingenuity of the physician will be taxed to its utmost to keep up the courage and interest of the patient, in the application of the remedies to a successful issue. However, in two or three weeks improvement is apparent, and the party is encouraged to prosecute treatment to the end, avoiding despondency, and all other agencies that tend to impair the action of remedies used.

The patient is to be impressed that time is a very important ad

junct to the successful treatment of chronic catarrh. He must implicitly follow the directions, and work with the physician perseveringly, then our treatment for chronic catarrh will not be a failure, but a grand success.

I do not pretend to say how or why the penthorum sedoides does the work of curing chronic catarrh, but that it does I know of a truth, as I have treated cases with it alone, and in a month or two of persevering treatment, they have pronounced themselves well. I do not believe it will cure all cases, but is a very helpful remedy in connection with others. I have thought its action was principally through the kidneys, as a promoter of their secretion. Its action seems to be increased by the addition of Lloyd's colorless hydrastis. We can readily account for this. This affliction, as should all others, should be treated according to the indications as presented, and *not* by a routine treatment, regardless of this most important desideratum, "*specific medication.*"

P. S. Hepar sulphur 3d trit. is a valuable remedy to alternate weekly with the above medication.

Sig.—What will lie on a dime three times a day.

SELECTIONS.

GLEANINGS FROM OUR EXCHANGES.

BY HANNAH SCOTT TURNER, M. D., OAKLAND, CAL.

DR. W. M. BEEK has found chloral hydrate almost a specific in the early stages of quinzy. He recommends using three or four grains to an ounce of glycerine used as a gargle. It acts locally as an antiseptic, astringent, and sedative.

As a general rule a throbbing headache, with tenderness and soreness of the scalp, can best be relieved by hot applications. Whereas, where the head feels full and bursting, if cold be applied to the head and the heat to the neck and spine, the effect is most agreeable.—*Times and Register.*

DR. ABERNETHY is quoted as saying that anatomy without physiology is like an old maid without a dowry.

WHEN you are anxious to use suppositories and have none, and not having a set of moulds suitable for their preparation, substitute rubber nipples such as are used for the tops of nursing-bottles. Cut holes in a heavy piece of cardboard for the nipples; place holder with the nipples near a vessel of ice-cream and proceed as with ordinary moulds. When cold the suppositories turn out without any trouble.

THE services of a competent young American physician are desired by Americans living in Venice, Italy. This is a desirable opening for some wide-awake Eclectic.

HEMORRHAGES from internal piles can be promptly checked by the injection of a solution of Hammamelis.

THE London *Lancet* is authority for the following: A single vesication over the fourth or fifth dorsal vertebra puts an end at once to the sickness of pregnancy, no matter at what stage; also neuralgia, toothache, and pruritus pudendi, of the puerperal condition.

IT is said that a large cloth wrung out of boiling water and applied over the cardiac region will save many apparent deaths from chloroform.

That fifteen drops of mullein oil in a four-ounce mixture, a teaspoonful four times daily, will permanently cure many severe cases of nocturnal enuresis.

That the application of beef marrow to the skin around the throat will relieve sore throat and hoarseness in one hour.

That many maladies get well without, or in spite of, our help; the height of the art is to secure to ourselves all the credit of the cure.

That as a rule, with but few exceptions, the firmer a tumor the less the malignancy, the softer a tumor the greater the malignancy.

That Professor Da Costa never uses cold applications in the treatment of gout, as they are liable to cause retrocession and cerebral symptoms, which are dangerous.—*Medical Brief.*

To keep a young girl, during her first efforts of sexual development, seated upright on a music stool, with her back unsupported, drumming vigorously at a piano for several hours, can only be detrimental.—*Lawson Tait.*

DR. A. JACOBS says: In no disease, except, perhaps, in pneumonia, have I seen more fatal results from exertion on the part of the sick, or from anything more than a sudden change of the posture, than in diphtheria. Unless absolute rest be enforced, neither physician nor nurse have done their duty.

DR. T. T. KIRK, of Pitts, Pa., was called to attend a patient with miscarriage. The fœtus was five months and ten days old. It gasped and cried when expelled, and on wrapping it in cotton and feeding it on sweetened water lived twenty-two hours.

THE FAVORABLE INFLUENCE OF COUGHING ON THE REDUCTION OF HERNIA.—Dr. Vandenabrele, in the *Journal de Medical de Paris*, gives a surprising account of the effect of coughing on some cases of strangulated hernia, which have come under his observation.

The first was a merchant who had pulmonary emphysema for many years. One day his hernia became strangulated, and Dr. Vandenbrele was called in. Five minutes of taxis produced no effect. Suddenly, contrary to his directions, the patient coughed violently; while still holding the hernial tumor, he heard a gurgle, and the hernia had decreased to half its volume. A repetition of the coughing was followed by reduction complete! Wondering if there could have been a dilatation of the inguinal ring produced by the cough, the doctor determined to be on the lookout for anything that would throw light on the subject.

He was called, not long afterwards, to see a woman whose crural hernia was in a state of strangulation. A surgeon who had preceded him had tried taxis for more than a half hour, but without avail. Dr. Vandenbrele also tried it for two or three minutes; he then had the patient cough violently while controlling the hernia, and it was at once reduced. A third case was equally as amenable to this method, even after taxis had been employed both by himself and another surgeon. He therefore believes that he has found a method, simple, easy, applicable at all times and to all cases, superior to taxis, and to any measure which has been described up to the present time.

The author's explanation is that, in the first place, the cough is capable of dilating the inguinal and crural rings. Gas inclosed and compressed in the strangulated intestine, at the moment of the expansion of the ring, makes its escape into the abdominal part of the gut. The hernia then becoming a simple one, is alsa reducible.—*Medical World.*

BACCHUS has drowned more than Neptune. If a child takes cold very easy, he should abstain from the use of coffee and spirituous liquors, use more cold drinks than warm, wash frequently in cold water, and be accustomed to the air in every kind of weather. Silica, calcar., and carbo are the remedies.

HYPERICUM is the remedy for sprains when they are very painful and sensitive.

PETROLEUM is the remedy for pruritus ani associated with sweating of axillæ and feet.

PHENACETINE acts similarly to antipyrine in neuralgias and headaches, without the depressing effects of the latter.—*California Homeopath.*

UNUSUAL EFFECTS OF COCAINE.—Mr. Ashworth reports the case of a man admitted to the hospital for recurrent cancer of the upper lip. He was fairly well nourished, but, owing to weak and irregular action of the heart, it was decided to use cocaine locally as an anesthetic. Ten minims of a five per cent solution were injected on either side of the part to be excised, making one grain in all. The patient very soon became excited and complained of feeling queer, the respiration at the same time becoming rapid and shallow, and the pulse quick and feeble. This condition gradually became worse, until about twenty minutes after the administration of the drug the pulse rate was 160, and was scarcely perceptible at the wrist, although the carotids were pulsating strongly. The respirations were very rapid, shallow, and irregular, with an occasional deep one resembling a sigh. The patient appeared to be panting for breath, but unable to satisfy himself, until suddenly he would manage to take a deep inspiration, and would then seem relieved, but only for a moment, when the same condition would rapidly return. He was totally unable to control his breathing momentarily in order to take an inhalation of sal volatile. The pupils were normal and reacted to light. There was no extreme pallor indicating a contraction of the capillaries as mentioned in the books; on the contrary, there was marked cyanosis, especially noticeable on the lips and forehead. The feet became cold, and the skin covered with a cold perspiration. As soon as the pulse showed signs of marked enfeeblement he was given a draught of sal volatile, but with little effect. In about an hour and a half he seemed quite himself again.—*London Lancet.*

A PHILADELPHIA druggist advertises in his window that tablets made of the genuine Brown-Séquard elixir can be obtained inside. That no doubt can linger in the minds of anyone respecting their genuineness, he has three live rabbits frisking in the same window.—*Times and Register.*

BLACK EYE.—There is nothing to compare with the tincture or a strong infusion of capsicum annuum mixed with an equal bulk of mucilage of gum Arabic, and with the addition of a few drops of glycerine. This should be painted all over the bruised surface with a camel's hair pencil and allowed to dry on. A second and a third coating as soon as the first is dry. If done as soon as injury is inflicted, the treatment will invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatism, sore or stiff neck.—*New York Medical Times.*

ELIXIR OF LIFE AMONG INDIANS.

A DENVER paper publishes a communication on an elixir used among the Utes, from which we extract the following:—

"The Brown-Séquard elixir, which seems to have captured the effete East, is an old and established remedy among the Ute Indians. It is as common as milk, and has been in use among them for centuries. Colorow, Shavenau, Douglas, Yammen, Piah, and several other Indians, have testified to the use of the method by reaching an age equal to the average years familiar to students of the Bible.

"Not only do the Indians use mutton tissue, the goat is brought into requisition. In conversation with a prominent Uncompaghre chief, the writer was told that the 'heap big medicine' had been in use among the Utes for more than two centuries. He also made the following startling statement that Colorow was more than 300 years old when he died, and that more than a thousand goats had contributed to his physical support in his advanced age. When asked regarding the use of sheep tissue, he replied that it was all right when people were not more than 60 or 70 years old, but that goat tissue carried more force with it, and that goats were never unsound or unhealthy.

"The medicine chief, whose name is Cohœ, made some startling revelations also. He said that Ouray, who died in 1879, was a very old man, and that the cause of his death was the absence of elixir. Ouray was at all times credited with having more than

the ordinary Indian intelligence, and commanded the respect of all white people. Cohœ says that he acquired this from his associations with Cortez in the sixteenth century. Proceeding further, he said that Ouray and Saporonaro were taken into captivity by Cortez, when he swept through the Wet Mountain Valley, Colorado, during the sixteenth century, and that they were compelled to work in the mines of the Sangre de Cristo range.

"Saporonaro is now the head chief of the Uncompaghres, and the medicine-man, Cohœ, says that he is about 300 years old, and is 126 times a widower. He has always been the owner of large flocks of goats, and has goats and sheep in his herds today.

"When asked how it happened that the lives of Ouray, Shavenau, Piah, Colorow and others had not been prolonged to a greater point, he truthfully stated that Shavenau and Piah died violent deaths, but as regarded the death of Ouray, he said he did not die of heart disease, as reported, but he went on a trip to visit the Southern Utes and took along a supply of elixir to last twenty days. Chipeta, his faithful squaw, realizing the importance of the situation, at all times guarded the 'medicine bag,' but her pony was drowned while crossing a swollen stream, and the elixir floated down the stream with the dead pony's carcass, and before more could be obtained, Ouray shriveled and mummified in the presence of his friends.

"In the case of Colorow, he said misfortune struck him that fatal morning on the battle-field of Rangely. The old chief made his escape, but the troops captured his medicine charm. The old man returned the next day and looked over the field for it, but failed to find that which he had lost. His goats and sheep had been stolen by scouts, and it was several days before he obtained more of the much-needed elixir. But he had received such a backset in not having the stuff when needed, that he never rallied, and goat could not save him. He, too, crumbled away one morning while looking for a letter from Washington containing $20,000 indemnity for horses stolen by Kendall's deputies. . . When asked how the elixir is prepared, Cohœ replied that the tissues were dried and reduced to a powder, and concentrated

by a delicate process, and that the elixir must be taken at least every other day."

The preceding curious communication, dated Ouray Indian Agency, August 17, and not clothed in the usual garments of a hoax, concludes with the following statement—the most curious of all, and indeed very nearly approaching what would look like a hoax:—

"Cohœ also said the elixir was often applied to broken-down horses with good results, and that a very old horse can be rejuvenated and made to appear as sound as a dollar. He says that there is an old doctor in the vicinity who buys up all of the broken-down horses and gets him (Cohœ) to fix them up, and then they are run into Denver and sold readily as two-year-old thoroughbreds!"—*Pacific Record of Medicine and Surgery.*

ON A NEW METHOD FOR THE RADICAL CURE OF VARICOCELE.

In my opinion, no operation for the cure of long varicoceles is perfect unless it includes some proceeding planned deliberately for attaining an immediate and permanent shortening of the cord, with the objeet of relieving the patient from the necessity of wearing some form of external support for a long period, as well as insuring an immediate freedom from the discomfort of the dependent testis, which is not only inconvenient in itself, but tends to the recurrence of various symptoms unless the support of a proper suspender be continually afforded. With the object of deliberately effecting this direct result, I have been in the habit for some time of performing the operation described below, which may be adopted not only in cases of great elongation of the cord, but in most instances in which the abnormally low position of the testis is at all marked; in fact, whenever shortening of the cord is likely to be beneficial. In severity, the proceeding is exactly on a par with the ordinary open operations, but convalescence is more rapid, and the ultimate result undoubtedly better. The precise extent of the varicocele which it is desirable to

resect in any given case, is best determined by placing the patient in the standing position, and roughly estimating with the eye, or, better still, by measuring with a tape, the degree of elongation of the cord; for instance, should the testis be three inches lower than normal, then certainly not less than three inches of the veins should be included between the two ligatures, as it will be desirable to excise at least two inches and a half.

Details of the operation for the radical cure of varicocele by excision of a portion of the veins and immediate shortening of the cord.—The patient having been anesthetized, the veins are made prominent and put somewhat on the stretch by grasping the varicocele between the fingers and thumb of the left hand, care being taken that the vas deferens is pressed back out of the way of harm. Through the skin, over the veins thus rendered prominent, an incision is made which in no case need exceed an inch and a half in length. One or two touches of the scalpel will now suffice, the veins being pressed well forward to expose the thin fascia (immediately surrounding the varicocele), through which the vessels can be clearly seen. The knife is now laid aside, the veins not having been actually denuded. By means of an aneurism needle or eyed probe, a thoroughly carbonized tendon is passed round the fascia referred to, with its included veins, and drawn down to a point as near the testis as is thought proper; it is then securely tied, the ends being left long. The varicocele above the ligature, together with its sheath, is then freed from the surrounding parts by a few sweeps of the finger, for a distance sufficient to allow of the length previously decided upon as approximate for excision to be drawn out of the wound. A second tendon is now passed around the upper end of the freed veins, and tied in a single knot only, which is kept tight by an assistant. The portion of the varicocele included between the ligatures is divided above and below, about a quarter of an inch (not less) from the corresponding ligature, and removed. The upper ligature is then finally tightened and its knotting completed, the ends being left long as before. The wound having been freely irrigated with warm sublimate solution, and all bleeding (be it ever so slight) arrested, the cut ends of the stumps left by

the division of the varicocele are brought together and retained in opposition by knotting the ends of the upper ligature to those of the lower, thus at once raising the testis to about its natural level. The ligature ends are now cut off quite short, and the operation is completed. The edges of the skin fall together; there is no need for either suture or drainage tube, and all that remains necessary is the careful application of the antiseptic dressing.

By leaving the sheath of fascia which immediately surrounds the varicocele intact, and including it, with the veins, in the ligature, two objects are attained: (1) The certainty of passing the tendon around all the affected vessels, as none of these ever lie outside the fascia; and (2) the prevention of any material chance of recurrence of the abnormally dependent position of the testicle, which is probable if the veins are actually denuded before the ligatures are applied and the stumps brought together in the manner described, since it is manifest that the weight of the testis would tend to drag the veins considerably out from the sheath above, whereas this fascia, if included in the ligatures, not only obviates this tendency, but in fact also carries the weight of the dependent organ without stretching to any appreciable extent. The postponement of the final tightening and knotting of the upper ligature until after the division of the veins, is a point of importance, as there is some risk, if the tying be completed before the division, that the shrinking of the veins which follows the escape of blood contained in them, may result in the ligature becoming sufficiently loose to allow of an oozing of blood into the wound, and indeed may possibly, as I have once seen, permit the stump to escape from the ligature altogether, in which case the primary object of this particular operation would be defeated. Every care must be taken to avoid any possibility of oozing into the parts around the stumps, as the formation of a clot in the wound delays the healing and greatly prolongs the convalescence. Although the tying together of the ligature in the way mentioned is always, so far as I have seen, sufficient to keep the stumps in contact, a fine gut sature may, if thought necessary, be passed through the extreme edges of the cut surfaces of the stumps on the side remote from the ligature knots.

Very accurate apposition is not, however, absolutely necessary, as the union of the parts is effected through the medium of the callus, which is thrown out around them, rather than by any direct adhesion of the cut surfaces. It is hardly needful to state that all manipulation of the veins must be confined to the parts lying between the two ligatures, as any injury to the vessels beyond the constricted points, whether above or below, is an element of risk. If the details of this procedure as described above are carefully carried out, the subsequent course of the case is simple and uninterrupted. In four or five days the wound has, as a rule, healed, and the approximated stumps are surrounded by a mass of callus. At the end of a week the patient may usually be allowed out of bed, and, although swelling about the cord does not entirely disappear for perhaps a month, any ordinary occupation may be resumed in fourteen days or thereabouts. Upon the absorption of the callus, nothing abnormal is perceptible to the touch, but a very slight circumscribed hardness, which remains permanent, around the ligature knots. A suspender is worn up to the time of the disappearance of the swelling, and then finally discarded, leaving the testis well braced up in its natural position, with the scrotum accurately adapted to it, no matter how long and flabby that structure may have previously been. Little or no pain follows the operation, but during the first fortnight there may be some œdema of the scrotum, and the testis is generally slightly tender. I have seen no real orchitis, nor has there been, in my cases, suppuration about the wound or any constitutional disturbance. I am not acquainted with another method so rapidly producing a "cure" which may fairly be called "radical." With a view to obviating the abnormally dependent position of the testis in varicocele by the provision of a natural suspender, the operation of shortening the scrotum by excising a portion of the skin and dartos was at one time extensively practiced in this country, where it has now very properly fallen into disuse. As, however, it is still to some extent adopted on the Continent and in America, a word of comment is necessary. The proceeding is useless in practice, and unsound in theory, since it is based on an entire misappre-

hension as to the functional relation of the scrotum to the testes —a point of some interest, concerning which it is only necessary, for my present purpose, to say that to whatever degree the scrotum may be diminished in size by operation, it will again rapidly become stretched until a length is acquired which will be determined by the lowest point attainable by the testis as it hangs at the end of the elongated cord. On the other hand, if the testicle is raised by shortening the cord, the scrotum will, be it ever so long and flaccid, spontaneously contract and accurately adapt itself to the testicle in its new position.—*W. H. Bennett, F. R. C. S., Surgeon to St. George's Hospital, London, in Lancet.*

A WONDERFUL WOMAN.

SYLVIA DUBOIS, the famous negress, is dead at last, says the Philadelphia *Times*. Her death was reported last spring, because the news that came from Sourland Mountain, where Sylvia lived, was to the effect that the ancient negress had died during the blizzard, having perished in the storm. This was a mistake. She survived the great snow-storm and lived through the spring and summer. But that tremendous vitality that carried the woman through a century and a quarter of existence began giving out, and a few days ago she died. She had just passed her 125th birthday.

There is no doubt that Sylvia Dubois was not only the oldest woman, but the oldest person in America. Her memory and the records she had at hand proved this fact. The story of her life in detail has been published several times. She was born in Hunterdon County, N. J., on the very range of hills where she eventually died. She was the slave of a man named Dubois, and kept that name all her life. She had a number of children, but they were all illegitimate. While a mere child she was taken by her master to Great Bend, Pa., where she was reared.

The tales of her prowess are many. She was a fighter all her younger days, and in fact until she was 100 years old. She knocked out every pugilist she encountered. From the time she

was fifteen years of age she was a hard drinker, brandy being her favorite beverage. Liquor never seemed to affect her. She always said the brandy she drank preserved her. It is certain she was never sick until a few months previous to her death. At the tavern at Great Bend, of which her master was the landlord, she was the great attraction, owing to her tremendous strength and feats of endurance and daring. She was as profane as she was powerful, and her biography, which she dedicated some years ago to a school-teacher in this State, and which was published literally, abounded with oaths.

When she was about twenty-five years of age she got angry at her mistress and nearly killed her. Before she could be caught she snatched up her baby and rowed across the Susquehanna and ran into the woods. There she accomplished what few women in history have even attempted. She made her way day and night down through Pennsylvania and upper New Jersey, caring for the child all the way until she got back to her old home in Sourland Mountain. Her mistress recovered, but no attempt was made to arrest or capture Sylvia. On Sourland Mountain she built a hut, where she spent the last century of her existence. She had, as already related, a number of children, but only the youngest survived. She lived with her mother up to the day of her death. Her name is Elizabeth, and she is over eighty years old. She is her mother over again. There is not a man on the mountains that can whip her. Her pugilistic feats are almost as numerous as her mother's, but she never made such a business of prize fighting.

In the little hut on Sourland Sylvia lived through all the cold and stormy winters. She learned to read a little and her daughter got enough education to enable her to read to her mother. They were always poor, but managed to beg enough to keep them comfortable. Twice a year the mother and daughter would tramp down the mountain and make a tour of the farming country below. Everybody knew them and everybody gave them something. The two women would load themselves down with provisions, coal, and clothing, and then climb the mountain with their burdens. Sylvia always asked for newspapers and books,

and there were few women better posted on the general events of the day. This long and tiresome tramp never seemed to injure the old woman. She took her last trip last spring.

Sylvia never made but two public exhibitions of herself. She was witness in a murder trial at Flemington a number of years ago, and her opinions of lawyers, courts, and people generally, growing out of her experience in court, were given in her biography. They were decidedly sensational and emphatic. Her second appearance was at the State fair at Waverly a year ago. She received money enough for sitting in a tent for four days to last her until death. Her eye-sight grew poor toward the end, but her tongue was as sharp and her memory as keen as ever. If one could stand the string of oaths that were a part of her conversation, the anecdotes that she gave and her recollections of past events were decidedly interesting.

Sylvia Dubois drank hard and smoked a strong pipe all her life pretty nearly. She said she was better for both rum and tobacco. She had no religion to speak of, and was unquestionably one of the oldest and most interesting characters that the nineteenth century has produced.

THE CURABILITY OF HEPATIC CIRRHOSIS.

THE etiology of hepatic cirrhosis, if generally due to alcoholism or malarial infection, is still sometimes unknown. The most frequent cause is concentrated alcohol, most hurtful when taken on an empty stomach, as it is then most quickly absorbed. The veins which carry it from the stomach become irritated, and the irritation, extending from the portal veins, engenders an inflammatory process of the perivascular connective tissue, which, little by little, leads to hepatic sclerosis. As long as the hepatic lesion is limited to an embryonal neoformation, although extensive, Semmola affirms that a good result is to be hoped from a rigorous milk diet. When, however, the atrophic process has become complete, the advantage obtained from milk diet can only be palliative. Clinical symptoms do not always tell us with

which stage we have to deal; ascites, not being only determined by a mechanical cause, may be great, while the cirrhosis is still curable. On the other hand, there are cases of cirrhosis with no ascites at all up to the end. As an aliment milk entails the least work for the stomach, satisfies the needs of the general nutrition. The irritated gastric mucous membrane is the first to feel the good effect, and this is propagated to the other parts of the digestive tract, with its annexes, liver, etc. Not only is milk easily digestible, but it furnishes peptones, which facilitate tissue change, and thus milk diet increases the quantity of urea eliminated in the twenty-four hours. In all these ways, and by increased diuresis, rigid milk diet tends to improve the morbid conditions proper to hepatic cirrhosis.—*London Medical Recorder, July 20, 1889.*

MASSAGE OF THE CORNEA.

THE use of the yellow oxide of mercury for the purpose of clearing up opacities of the cornea is a method of practice widely employed among ophthalmic surgeons, resting upon Pagenstecher's recommendation, who was probably the first to insist upon the necessity of rubbing in the stimulating ointment. Since this time the method has been used with gratifying success, some surgeons having demonstrated that the massage itself was the efficient agent, by the omission of any medicament whatsoever, and the employment of simple ointment as a lubricating substance.

The whole subject of massage in the treatment of eye diseases has recently received an extended notice at the hands of Dr. Pfalz, of Duesseldorf, whose results have been unusually satisfactory, and who has extended the employment of this method of treatment from affections of the anterior segment of the eye, iritis being excluded, to include chronic, plastic irritis and diseases of the lids. It is the purpose of the following brief note to place upon record several cases, selected from a number in the Philadelphia Hospital and private practice, in which very satis-

factory results were reached by a systematic, thorough, and regular massage of the cornea.

CASE I.—Mary L., æt. 21, a patient in Philadelphia Hospital for interstitial keratitis. When admitted the sclera of the right eye showed a purplish, deep episcleral injection, and the cornea an almost complete ground-glass appearance. In the left eye this injection was of a darker hue, and the center of the cornea occupied by a dense leucoma-like opacity, the periphery being cloudy and preventing any view of the iris. In the right eye the vision was qualitative light perception; in the left eye, quantitative light perception. The patient was treated with the usual remedies directed to the relief of inherited syphilis, with the result of improving general nutrition, the disappearance of the episcleral injection, a slight modification of the opacity of the right eye, sufficient to permit imperfect counting of fingers at one foot. No change was noted in the left eye. This treatment occupied a number of months.

At this time the systematic massage of the cornea with the yellow oxide of mercury, grain 1 to the drachm, was begun. At first the applications were made two or three times a week with my own hand, later every other day by the nurses, and later the patient herself was taught the method, which consisted in placing a small particle of the salve beneath the eyelid, which was rubbed over the cornea radially from center to periphery for a minute, and then for the same space of time around its circumference. Internally the patient took the tincture of the chloride of iron. In the course of three months the right eye had sufficiently cleared to receive a visual acuity of $\frac{20}{c}$ and permit the patient to read coarse print. The left eye was practically unaffected as far as the center of the opacity was concerned, but cleared sufficiently in the circumference to permit a small iridecomy, which yielded a sharpness of sight equivalent to counting fingers.

CASE II.—Miss D., a trained nurse by occupation, when a child had a violent inflammation of both eyes, which was attributed to the introduction of a foreign substance, believed to have

been arsenic. After the subsidence of the inflammation, which lasted for four months, vision was dim, and five years ago increased in its imperfections after an attack of illness, probably malarial in character. In the right eye there was a triangular white spot in the upper portion of the cornea, over which the traces of a former vacularization could be detected, and a smaller spot directly central. The fundus was dimly seen; the refraction apparently myopic. In the left eye a milky opacity occupied the lower and outer quadrant of the cornea and crossed its center. A hazy view of the fundus revealed an oval disk, a semiatrophic crescent, and a high myopia. The best vision which could be obtained with glasses in the right eye was $\frac{1}{6}$ of normal. The left eye was not improved, or, at best, objects were only sharpened by a concave spherical.

Massage of the cornea in the manner just described was begun, the applications being made daily. Two weeks after the commencement of this treatment the vision in the right eye, with the best correcting glass, had risen to $\frac{1}{3}$ of normal, that in the left eye to $\frac{1}{8}$ of normal. This treatment was continued for some time, with interruptions of a week or more, in order to permit the conjunctiva to lose the irritability occasioned by the treatment, until April of this year, when, with the best correcting glass, the vision in the right eye was $\frac{1}{2}$ of normal and that in the left eye $\frac{1}{6}$. In other words, in about nine months the gain in the right eye had been from $\frac{5}{\text{XXX}}$ to $\frac{5}{\text{X}}$, and in the left eye from $\frac{5}{\text{O}}$ to $\frac{5}{\text{XXX}}$. There was, of course, a corresponding diminution in the visible opacity of the cornea.

CASE III.— A man, æt. about 50, a laborer by occupation, received a lime burn of the eyes which resulted in a fine, diffuse corneal haze, permitting no clear view of the fundus, and reducing the vision in the one eye to the ability to count fingers; in the other to $\frac{5}{\text{XL}}$. A rather imperfect massage of the cornea owing to the irregular habits of the patient, unassociated with other treatment except a boric wash, produced a gain of $\frac{5}{\text{XX}}$ in the

right eye, and $\frac{5}{X}$ in the left eye. He is at present under observation for an entirely different complaint, and the vision just recorded still obtains.

CASE. IV.—Mr. E., æt. 22, was severely burnt in the right eye with lunar costic, accidentally applied, causing a large, oval ulcer in the center of the cornea, superficial in character. After appropriate treatment to relieve the inflammatory conditions, the result was a finely-stippled, corneal macula, corresponding in size to the original lesion, and reducing the vision to $\frac{5}{XXXV}$. Massage of the cornea with the yellow oxide of mercury in the same manner as the other cases, at first twice, and later three times weekly, in two months restored to the injured eye an acuity of vision equal to $\frac{5}{VII}$ and part of $\frac{5}{V}$, oblique light revealing only the faintest blue haze. This was tried only after a long period of time, during which no treatment except a mild antiseptic wash was employed, and no change in the corneal haze occurred.

CASE V.—A. M., a laborer, æt. about 35. The upper half of the cornea hazy, and the epithelium roughened, the result of former granular lids. Vision equivalent to counting fingers at three feet. Three months of intermitting massage of the cornea gave a result of $V = \frac{5}{XXX}$.

These five cases are quoted from a number, about ten in all, among adults, in which the gain was demonstrable by taking the vision before and after the treatment. In a number of other instances in which no accurate data are at hand in regard to visual acuity, there was evident on examination a marked gain in the transparency in the cornea, and in still others among children, where no measurement of vision by test-type was possible, a similar improvement was noticeable.

The method of treatment in all cases was that described in the first instance, namely, the insertion of a small particle of the yellow oxide of mercury salve into the conjunctival cul-de-sac, which was rubbed, sector by sector, over the cornea, and after-

wards circularly about its circumference for from one to three minutes at a time. The massage may be practiced three times a week, every other day, or daily, according to the amount of reaction which appears after each treatment. I found in two instances that the application was possible if, at the same time and immediately following it, a collyrium of boric acid grains 10, cocaine grains 2, distilled water 1 ounce, was employed, which solution was sufficient to allay the conjunctival irritation.

It may very naturally be objected that these results were obtained because an ointment of the yellow oxide of mercury was in all instances the medicament employed, and to its presence the gain in vision should be attributed, and not to the massage. It is perfectly true that I have not used, as has been done, massage alone, but always with the stimulating ointment as an adjuvant; but it is equally true that the use of the mercurial salve without the massage does not yield like results. These cases are recorded only to plead for a thorough trial of this method in cases of corneal opacity of such character and such lack of density that reasonable hopes of its dissemination may be entertained. The treatment requires patience, faithful performance, and willingness on the part of the patient to put up with a good deal of temporary inconvenience during the application.—*G. E. de Schweinitz, M. D., in University Medical Magazine.*

PHYTOLACCA IN OBESITY.

"WE find a remedy in the fruit of the phytolacca decandra which clinical observation has taught us possesses all the valuable characteristics that we desire. It was discovered by noticing birds that feast on these berries in the fall of the year. Their bodies become very destitute of adipose tissue, though they seem to be otherwise in a normal condition. The fruit does not possess the acronarcotic properties of root. Small children, being attracted by their beautiful color, have been known to eat large quantities of these berries with no alarming symptoms following. Take the berries (best after frost) and compress the juice from them. Strain this juice through a cheese-cloth to remove any

seeds that may have escaped into it; after which place it in large, flat dishes and evaporate to a waxy mass by a gentle heat or in the sun's rays. Take this mass and make into pills of two or three grains each, or if beauty and exactness are desired, the mass can be sent to a manufacturer, and have them made sugar or gelatin coated.

Three of these pills taken daily will often diminish the weight of the body at the rate of five to ten pounds per week. The evacuations from the bowels are more copious than usual, but in all other respects are perfectly natural. The muscles become firmer, their action more free than before, and the power is increased. The patient soon experiences a feeling of lightness, renewed energy, and ability to withstand greater muscular exertion than before. No bad effects will result.—*T. H. Standler, M. D., in Chicago Medical Times, September, 1889.*

THE MEDICAL STUDENT.

HE leaves his father's acres, the store, or shop or baker's,
Determined to assuage his fellows' ills;
He will have a horse and buggy, and the day'll indeed be muggy
When he doesn't get a few ten-dollar bills.

So you'll find him in the city; and it really seems a pity
That his boarding-house is not a lovelier place;
But tho' living in an attic, 'tis with feelings quite ecstatic
He prepares to be a blessing to his race.

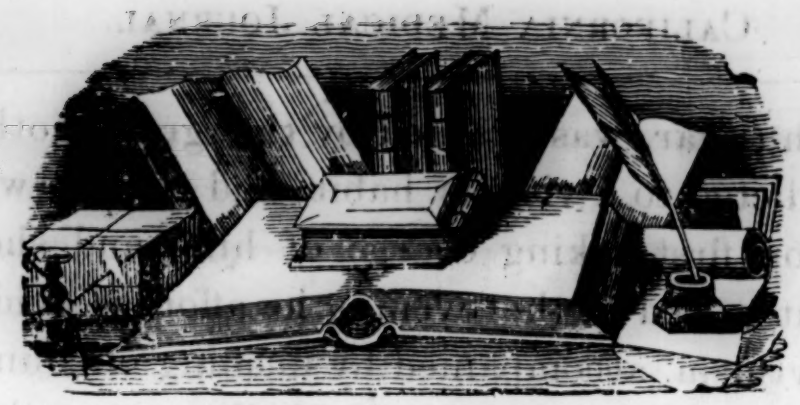
He's not much filthy lucre, but with pipes and beer and euchre
Great comfort in his daily life he takes;
With all absence of conjecture, he discusses every lecture,
And shows how each professor makes mistakes.

He takes the lady boarder, whene'er he can afford a
Ticket, to the theater or ball;
And he wins her young affections with his stories of dissections
And other things adapted to appall.

But when terms approach their ending, to quiz he's strict attending
And indifference to industry is changed;
In his most ingenuous manner, he explains the wondrous plan u-
Pon which human beings are arranged.

When he gets the wished diploma, it would truly take a tome or
Two of paper to describe
How supremely keen his bliss is, how the world seems full of kisses,
And how many mugs of beer he doth imbibe.

—*M. S., The Doctor.*



EDITORIAL.

Precocious Sexual Vice.—A recent case of locomotor ataxia (tabes dorsalis) in a boy five years of age, the result of excessive onanism, gives rise to some reflections and investigations upon the subject of precocious sexual vice.

It is a matter of record that sexual excitement may be aroused even in infancy, as has been thoughtlessly or heartlessly done by nurses chafing the genitals of children lying on the floor, with the foot, to quiet them, and thus avoid the trouble of resorting to other means. Thus more than one masturbator has been initiated into the innervating but seductive knowledge of sexual pleasure before the least discretion has been arrived at in years of maturity. Consequently every opportunity of reproducing the pleasure is improved, without compunction or reserve, until imbecility or nervous exhaustion is the final result.

Parents cannot regard too carefully the surroundings of their infant progeny under all circumstances in this respect, and as the teacher of parents must be the family physician, professional responsibility requires that he shall be intelligently awake upon the subject. We write it "intelligently," for there is but a short step in this department from the sublime to the ridiculous, and it is a happy fact that infantile onanism is comparatively rare.

In the case just referred to, the child was born and remained in New Orleans until about eighteen months ago, where it is probable he was in charge of a colored nurse. It seems very difficult to arrive at all the facts in the case, as the mother is dead, and the father was away from home much of the time during the early infancy, and can throw no light upon the subject.

The foster-mother, who has afforded all the light gained upon

the subject thus far, was warned by the grandmother that the child was addicted to a vicious habit, and that he would require watching, upon first taking charge of him, and she soon found that when put to bed in the evening he afforded evidence of paroxysms of erythism, accompanied by flushing of countenance and subsequent exhaustion, pointing decidedly to sexual orgasm, and upon being questioned closely, the child admitted to her that he "played with himself."

In this connection it may be well to remember that we are frequently brought face to face with examples of precocious sexual development appearing apparently independently of any abnormal stimulation. In girls there are unmistakable evidences of this in the not uncommon reports of precocious menstruation appearing from time to time, but it is not likely that such a condition as sexual erethism could be produced at a tender age in but a very small minority of cases. However, all stimulation of the pudenda in children should be religiously avoided, as a principle that direful results may otherwise follow.

We have known of cases of onanism in little girls evidently the result of accidental chafing of the genitals in the beginning, from riding astride the hand-rail of the stairway or a brother's rocking-horse, and the discovery of the ability to thus provoke pleasurable sensations was made avail of so frequently as to undermine the health in a short time.

We have observed with some dismay the growing practice among girls of bicycle riding, the safety pattern affording comparative immunity from danger of lofty tumbles. A few weeks ago we met a lady and gentleman upon the San Leandro road several miles from Oakland, each astride a bicycle, the female riding a "safety" very cleverly. As she was no infant, however, but instead had evidently reached that time of life when sexual hyperesthesia would not be liable to fly away with her, we only felt for the sex with which her example might become contagious.

Biography and Eclectic Notables.—It is a matter of considerable interest for Eclectic physicians to contemplate the manner with which the leading men of our school are regarded by biographers at large.

As the work on "American Biography" recently issued by the Appletons may be considered as representative, we have looked it over with special reference to this subject, and find in connection therewith some curious facts.

The expressed aim of this work is the grouping of biographical sketches of all those who have become worthily eminent on the American continent in civil government, war, art, commerce, and literature. Among those mentioned are many of little more than local fame, and yet the compilers have seen fit to ignore our brightest stars. Though the prospectus announces the intention of recognizing the merit of every author of any eminence, we find that our own best men have been slighted.

The principal authors of the Eclectic school, as they now occur to us, are Buchanan, Clarke, Goss, Howe, Merrill, Newton, Powell, and Scudder. Of these, three deserve special mention as original thinkers and investigators in the direct line of medicine, and two may well be said to have been the substantial props upon which our school rested to gather strength for many years.

And how has history requited them? Of the list mentioned, only three have been noticed, viz., J. R. Buchanan, R. S. Newton, and Wm. Byrd Powell.

Among a lengthy list of Howes, illustrious and obscure, the name of one worthy to be the peer of the most noted, is absent. We refer to the name of our own A. Jackson, an author of unquestionable ability and an originator of valuable and novel surgical expedients and appliances, one whose genius has not been overshadowed by that of any surgeon at home or abroad. He has been relegated to oblivion, while the names of a number of less noteworthy physicians adorn the pages of the volume.

Then, as we turn to the Scudders, we find a missionary, a lawyer, a physician, and a patriot named, but the noblest Scudder of them all, John M., goes unmentioned.

Of course this makes no difference with the facts of the case. Our school is pressing to the front, and our representative men will be eminent in spite of Appleton's biographers, but it would be something of a satisfaction to know that the world possessed sufficient acumen to appreciate genius before the author was

buried. We do not know that *post-mortem* laudation ever reaches the ear of the departed, and it is worth much to feel on earth that one is appreciated.

Evidently, we need a biographical library of Eclectic notables. Why does not some ambitious representative of our school undertake the enterprise? There would certainly, among the ten or twelve thousand physicians of our school, be sufficient sale for a volume of this kind, to render the enterprise profitable; and the work, if well done, would place the author's name among the winners of laurels. It would be better work than a mild rehash of authorities on some common medical topic.

For Chronic Cystitis.—This formula is so valuable in chronic cystitis that we feel constrained to reproduce it from an old file of the JOURNAL. It may be used with a double catheter to wash out the interior of the bladder, or may be retained for a time and then voided *per via naturales.*

℞ Potass. permanganate, gr. ix.
Aqua dist., ℥i., Solve, et ad.
Sulphuric Acid C. P., miii.

Add from ʒi to ʒiii of this to one pint of half saturated solution of chlorate of potash for use.

"Own the Truth and Shame the Devil."—One of the most conspicuous characteristics of the "regular" is his candor. When it comes to Eclecticism or homeopathy, he never equivocates, but "his speech is yea, yea; nay, nay;" for whatever is different from Allopathy is from the d——l.

The following is from a recent publication intended for the guidance and enlightenment of the laity. Under the head of "Quackery" our author discourses as follows (the italics are his own):—

"Don't decry irregular practitioners as *complete* humbugs; remember the Homeopathists showed us that most pneumonias can be cured by supporting the patient; the Eclectics taught us that it was not necessary to poison our patients with mercury;

and the dosimetrists showed us the value of active drugs given in small doses, frequently repeated. While these matters are very valuable in themselves, they do not justify the exclusion, in the treatment of diseases, of scientific methods—the result of experience."

Samuel Thompson Defended.—The frequently cited case of Ezra Lovett, Jr., of Beverly, Mass., for whose death Thompson was indicted upon the charge of manslaughter, is familiar to many of our readers. Of this the *Physio-Medical Journal* for October contains a reprint from the *Popular Science News*, and answers in Thompson's defense.

We love to see justice done, and therefore furnish, for the edification of our readers, the pertinent remarks of Dr. Hasty, the first rejoinder or defense we have ever seen of the case. It is not improbable that the statements and charges made against Thompson were colored with prejudice, and that, as we have before intimated, the old gentleman possessed a large amount of common sense.

"For eighty years the enemies of a non-poisonous medication have misrepresented the advocates of a rational practice of medicine, and have multiplied falsehoods relative to the trial of the man who first 'declared that he was perfectly and decidedly convinced that there can be no possible good derived from using, in any manner or form whatever, poisons as medicine.' In that eighty years it is not likely that there has ever been crowded into the same space so much falsehood, misrepresentation, malice, meanness, as is contained in the article from *Good Health*, of Battle Creek, Mich. The contributor to the *Popular Science News* is the champion liar of the age. If he had ever read the account of the trial of Samuel Thompson, and knew anything about the facts of the case, he would never have written such stuff. As it is, see the absurdity and inconsistency of the thing—'was tried eight times for manslaughter, poisoning, and murder, but was each time acquitted.' One black crow becomes eight. Tried but acquitted. What kind of a chance would a man have for acquittal who had one particle of guilt attached, eighty years ago—or even to-day—with the bitter animosity of the entire medical profession of the regular school against him? Thompson was put on trial before one of the most bitter enemies of his day as judge. Judge Parsons had no sympathy for

him or his practice. One would suppose that a man guilty of murder could be convicted with such a judge. How was it? After all the testimony against Thompson was in, and Dr. Howe —a regular—who had direct charge of the patient, Ezra Lovett, for fourteen hours before his death, had sworn that marsh rosemary was lobelia and was the poison administered by Thompson to Lovett, and procured a sample of the same for the edification of the court and jury, and said sample had been eaten in the presence of the court by Judge Rice, a friend of Thompson, and after Dr. French, another regular, who was the prime instrumentality in procuring the indictment against Thompson, had utterly failed in making any point, the prejudiced judge was compelled to state to the solicitor-general that he had nothing against the man, and wondered what they had for a grand jury that could find a bill on such evidence, instructed the jury without ever putting Thompson on his defense. In five minutes the jury brought in a verdict of not guilty. For eighty years these people have harped, lied, traduced the character of the man who could and did cure more people with all kinds of ills than all the boasted learned doctors of his age. They seem to have no other stock in trade. The writer has never yet seen one of these men who would tell the truth relative to the 'trial of Thompson for murder.'"

Phenacetin in Rheumatism and Neuralgia.—We have been using phenacetin in rheumatism for the past three months with excellent satisfaction in quite a wide range of cases. In chronic rheumatism we are not sure but it is the best remedy we have.

In one aggravated case in which the patient had been bedridden for several years, with extremities drawn and fixed by inflammatory lesions, with severe pain as almost a constant symptom, a few weeks of phenacetin almost completely banished the pain and thus removed one very unpleasant factor of the case.

In hemicranial and orbital pains of long standing it serves a very satisfactory purpose, excelling thus salicylic acid and its combinations, cimicifuga, rhus tox., etc.

If any particular element were to be considered in the selection of the remedy, it would be that of *chronicity*. It is doubtless a remedy for acute pain, but where other pain remedies fail on ac-

count of permanency, this one seems to relieve with tolerable certainty.

It is not infallible, but worthy a trial. Six to ten grains may be given at a dose every six hours.

A Pointed Quill.—We have several times observed that the *Western Medical Reporter* shoves a very pointed quill. For unstinting use of sarcastic abuse where it is merited the editor bears the palm. For an old-school journal it is the most independent and original in its expressions of any we have noticed.

Here is the way it goes for a newly inaugurated medical journal which has stolen its name:—

"Of all the examples of gall ever exhibited in America, the most brilliant hails from St. Joseph, Mo. A fellow out there conceived that he was a long-felt want, and started a new journal (sic); as he had no brains to invent a title for his penny-a-liner, he must needs steal a well-known journal's thunder, and the abortion was dubbed '*The Western Medical and Surgical Reporter.*' Now it was unnecessary for the engineer of the dirty little tramp sheet to appropriate our name. Had he stated his condition of intellectual bankruptcy, we would have invented a name for him. The following may suggest an appropriate title: 'The Medical Jingo,' 'The St. Joseph Weakly Bladder,' 'The Medical Howler,' 'The Weekly Blatherskite,' 'The Missouri Wind-Puff,' 'The Medical Mendicant.'

"Any of the above will prove an excellent fit. We give them freely, as we want no journalistic bastards sworn upon us."

Bacteriology Gone Mad.—Are we living in an age of cranks? or is it a departure in a new direction? Probably the latter proposition is the just one, for history is full of accounts of visionary and untenable theories and announcements dating back to earliest days. For a time religionists held the vantage-ground in this respect, but recently medicine has unearthed as palpable idiocy as ever was known in any department.

With the collapse of Pasteur's hydrophobia illusions the world is thrown into a nine-day excitement over the senile vaporings of Brown-Séquard.

Now comes a lesser light—one not liable to attract much at

tention, and one unworthy of notice except as a novelty—Dr. Achille Malinconico, a Neapolitan who claims to have discovered that senility is nothing else than an inherited disease due to the ravages of a microbe which is already in the organism at birth. This astute investigator is now engaged in hunting for the agent to destroy said microbe, and when this is found man will be immortal (?).

Erigeron Canadensis in Cholera Infantum.—This is a little piece of practice which we had never seen in print until announced editorially in the JOURNAL several years ago, and which we have published several times since. Attention seems finally to have been attracted to it. Dr. Alfred K. Hills, in "Retrospective Therapeutics," in the *New York Medical Times*, makes the announcement that, "according to the *Medical Brief*, an infusion of erigeron canadensis discounts anything in kindly and effectively arresting the profuse watery discharges which sometimes attend cholera infantum. The child may be pe rmitted to drink it freely.'

Never mind, our turn will come next, and we will not rest on any small steal either.

Notice of Removal.—Our friend Dr. Fearn is moving from the quarters he has occupied the last nine years. He is moving into the new brick block across the way. At the old stand he was very much cramped for room, and the wonder is that he managed to do so much business in such a small place. He has in his new quarters abundance of room and light, where he will be pleased to receive the orders of his old friends, and the orders of the many progressive physicians who are coming to start new in the State, and on the coast generally.

DR. STANDLEE, in the Chicago *Medical Times*, indorses an extract of poke-berries for obesity. The remedy was suggested from the well-known fact among country people where poke-berries are plenty, that birds which feed on them soon become very lean. The remedy offers, probably, more hope of relief to the fat brigade than any other known, for is not fucus vesiculosus about retired?

Died.—In Ballard, Santa Barbara County, California, of cerebral apoplexy, at 10h. 5m. o'clock A. M., October 18, 1889, Dr. J. Wing Oliver, class of '87. Deceased was born at Pt. Pleasant, Ohio, February 15, 1829, and leaves behind, his wife and one son. The doctor was a member of the California State Legislature of 1856, and served as the 1st Lieutenant of Company A, California Union Volunteers, in 1861. He was almost a California '49er, coming to this coast in 1851. He owned and edited, between 1852 and 1860, the *Columbia Courier*, published at Tuolumne City; the Grass Valley *Tidings*, the Siskiyou *Chronicle*, published at Yreka, Cal., and the Georgetown *News*—all currently noted papers.

MISCELLANY.

We treated a patient for six months for albuminuria without permanently affecting the quantity of albumen. He was an inveterate cigarette smoker, and in less than three days after we stopped this smoking the albumen left, to return as soon as he began smoking, and to stop again with the cessation of the smoking.—*Chicago Medical Times.*

Antipyrin in Diabetes Mellitus.—The skin and nervous symptoms of diabetes mellitus can be made to disappear by antipyrin. The sugar will also disappear in a short time if no more than 80 or 100 grains to the liter are present. The remedy has no influence on albuminuria.—*La Prov. Med., 1889, Monatsh für prakt. Dermatol., Bd. 9, No. 2.*

A Test for Antipyrin.—The *Pharmaceutical Journal* gives the following test for antipyrin : Place in test-tube a few grains of potassium nitrate, add a little water, and then excess of strong sulphuric acid, and fill up the tube with the suspected liquid. A green coloration is immediately produced if antipyrin be present. This test is delicate and reliable, and has the advantage of being specifically characteristic of antipyrin.—*Am. Pract. and News.*

Menstruation in a Child Three Years Old.—Dr. H. Kornfeld describes (No. 19 of the *Centralblatt fur gynacologie*) a case of menstruation in a child three years old. The child, which was addicted to onanism, had on April 5 a hemorrhage from the genitalia, diminished at noon, and had disappeared the next morning. An injury—an abraded spot or any other source

of the bleeding—was certainly not present. Bleeding recurred regularly at the beginning of May, June, July, at precisely the very time the mother menstruated.

DR. BROWN-SÉQUARD is an American. His father, Captain Edward Brown, of the American navy, was a Philadelphian, and married a French woman on the Island of Mauritius named Séquard. He and his descendants took the name of Brown-Séquard. The distinguished scientist was the eldest child. He was educated in France, but was afterwards a professor in Harvard, and practiced medicine in New York for some years after 1873. He married twice, his first wife being Miss Fletcher, of Boston, a relative of Daniel Webster.—*Archives of Pedeatrics.*

A STORY is told of a colored preacher whose church had become somewhat dilapidated. The minister succeeded at last in persuading the people to decorate the walls, but funds gave out, and they left a large recess behind the pulpit unimproved. The patience of the preacher gave way before this evidence of want of proper respect for the church, and at the close of his sermon one Sunday morning he very solemnly announced: "Brederen, notice is hereby given that the gospel will not be dispensed wif in dis church any moa until dis abscess behind the pulpit be fricasseed."—*Archives of Pedeatrics.*

CHANGES IN THE ORGANISM AFTER REMOVAL OF THE SPLEEN.—Kostjurin removed the spleen of a dog, which lived over a year after the operation. He says that after the removal of the spleen changes in the qualitative composition of the blood and anatomical changes in the finer structure of the lymphatic glands and of the marrow of the bones, take place. The great omentum is the organ which compensates for the absent spleen. He found there on several isolated spots whole packets of oval or round formations of the size of a hemp-seed to that of a bean, which microscopically showed the characteristic formation of the normal spleen tissue, thus confirming the views of Ranvier and of Kultschitzki, that the great omentum, morphologically, is an organ analogous to the lymphatic glands.—*St. Petersburg Med. Wochenschr.*

SAW PALMETTO AGAIN.—The article on saw palmetto quoted in the September *Bulletin* from the *Medical Standard*, referring to the value of the drug as having peculiar action upon the glands of the reproductive organs, has awakened considerable inquiry for the fluid extract and for further information.

The literature extant in reference to saw palmetto (*Serenoa*

serrulata) is not extensive, although, as observed by a member of our firm, it grows abundantly in the sandy soils of the South Atlantic coast, and is especially luxuriant in the Indian River region of Florida, between the river and the sea coast, where it covers the whole face of the country. The dark purple, juicy berries, about the size of an olive, ripen in November. They have long been used by some Southern practitioners in diseases of the throat and chest, having special effect on the mucous membrane.

It seems to be a remedy worthy of investigation, and we would be glad to hear the experience of physicians in its use, either directly or through the medical press.—*Lilly's Bulletin.*

THE ACTION OF IRON IN CHLOROSIS.—Hamburger and others have shown that very little of the iron is absorbed from the alimentary canal, it being taken up solely in the form of organic compounds, such, for example, as are formed in the processes of plant life. Further, that the total iron in the body amounts only to about three grams, an amount which is taken many times over during treatment. Possibly, as Bunge suggests, the iron is here of use by removing the excess of sulphur from the body; for in chlorosis due to excessive fermentation processes in the alimentary canal hydric sulphide is generated in large amount, and destroys the organic compounds of iron, that go to form hemoglobin. The presence of iron in the alimentary canal prevents this destruction going on. Landwehr, however, taking into consideration the limitation of chlorosis to the female sex, and to the period of puberty, is inclined to doubt this explanation. He is disposed, on the contrary, to regard the disease as one caused by an excessive development at this period of the substances containing animal gum required for the after nourishment of the embryo, and which act injuriously on the hemoglobin molecule. Iron precipitates this animal gum in the alimentary canal, and thus excess of it leaves the body in the feces.

ON THE TREATMENT OF LUNG TUBERCULOSIS WITH CREOSOTE.—Professor Sommerbrodt, of Breslau, reports in the *Therapeutische Monatshefte* for July, on the favorable results obtained with creosote—of course only with the initial stage and with large doses—and alludes to the harmless character of large and steady doses. Since 1887, with many hundred tuberculous patients, he has administered his creosote capsules (each 0.05) in such a manner that the patient receives thrice daily one capsule, then adding one capsule daily until after the eighteenth day; thus, thrice seven capsules (hence one gram per day) are administered

through many months. Professor Sommerbrodt reports the case of an officer suffering from pronounced tuberculosis who, from Sept. 1, 1888, to June, 1889, took altogether 5,400 capsules, containing 270 grains of creosote, and who has been completely cured. At times Professor Sommerbrodt administered three times nine capsules without causing any unpleasant disturbance.

Summarizing his extensive experience, Professor Sommerbrodt comes to the following conclusions:—

"We must seek," says the author, "to administer for many months one gram of creosote per day (eventually reaching 1.35 gm. and more), and this may be achieved in most cases if the preparation be good, and the capsules or drops of wine of creosote are not taken on an empty stomach, but immediately after meals. The better a patient feels immediately after administration, the more persistent must this treatment be continued. I trust the many initial affections (catarrh of the apex and slight infiltrations) may be treated with all possible promptness with large doses of creosote; the good results of this treatment would then be much more striking than they are even now. In cases of advanced disease, little is to be expected."—*Pharmacy Post, page 603, Aug. 25, 1889.*

ODD TREES AND PLANTS.—"There is a small tree growing near Tuscarora, Nevada, the foliage of which, at certain seasons, is said to be so luminous that it can be distinguished a mile away in the darkest night. In its seasons it emits sufficient light to enable a person to read the finest print. Its luminosity is said to be due to parasites.

There is another tree, growing but one place in the world, and that is near the Dead Sea; it produces fruit resembling luscious red apples, which are beautiful only to the eye; when bitten are found to contain nothing but salty ashes. They are called the "apples of Sodom." The cow-tree of South America is another peculiar tree. It yields a fluid which is very much like the milk of a cow in appearance, richness and flavor.

A plant growing in the United States of Colombia, in South America, is called the ink plant. The juice is used for writing, and is said to be indelible. It is useful for writing public records and documents.

Vick tells of a plant that grows in Arabia called the "laughing plant," because its seeds produce the same effect as laughing gas. "The flowers are bright yellow and the seeds resemble black beans, two or three growing in each pod. The natives dry and pulverize them, and the powder, if taken in small doses, makes the most dignified person act like a clown; he will dance,

laugh and cut the most fantastic capers. When the excitement ceases, the exhausted exhibitor of these antics falls asleep, and when he awakes he has not the faintest remembrance of his frisky doings." The Venus fly-trap is another strange plant. The leaf is two-lobed and on each lobe are three hairs, which, on being touched by an insect, the two halves collapse and inclose the insect. Several fine specimens can be seen in the conservatory at the Golden Gate Park.—*A. E. White, in Oakland Times.*

URIC ACID AND MENTAL DEPRESSION.—Haig (*Practitioner*) believes he has established that there is a relation between retention of uric acid in the blood and a state of mental despondency. When uric acid is present in excess, depression of mind and irritability of temper are marked, but give place to a feeling of mental bouyancy when the excess is gotten rid of. Many suffer from mental lassitude and depression in the morning between breakfast and lunch. It is at this time that the acidity of the urine is least, and the excretion of uric acid is normally at its greatest. Alkalies will produce artificially this condition of things by washing an excess of uric acid into the blood. By administering mineral acids in sufficient quantity to neutralize the excessive alkalinity of the blood, the mind clears and a feeling of well-being replaces despondency and heaviness. A strong alkaline state of blood permits solution of uric acid in excess, which, in its turn, brings about mental depression. Coincident with increased alkalinity of the blood, excretion of uric acid by the kidneys is proportionately in excess of the average. A dose of a mineral acid will drive the uric acid out of the blood and diminish its excretion in the urine. Shooting pains in the joints very commonly accompany the disappearance of the uric acid from the blood. The occasional administration of mineral acids will not always cure headache produced by excess of uric acid. It is important that flesh food be eaten very sparingly. Stimulants must be avoided. In severe cases the diet must be restricted for months to bread, butter, milk, potatoes and fruits. At the beginning of treatment, the washing out of excess of uric acid may be hastened by gr. xv of sodium salicylate three to four times daily. In some cases a single dose of gr. xx at bed-time is sufficient.—*N. Y. Medical Times.*

SOME REMEDIES FOR SURGICAL INJURIES.—Dr. P. J. Montgomery, in an article on "Homeopathy in Surgery," gives the following good indications:—

"If I find numbness, concussion, more or less shock, with bruised appearance and little bleeding, *arnica* is the remedy.

"For trivial injury, where there is scarcely anything to be seen, but there is high fever, patient thinks he is most killed, while the whole trouble is a little disturbance of the arterial circulation; the case calls for *aconite*.

"Severe congestion, face flushed more or less, delirium, patient raves about the injury, moans and thinks the moaning relieves him, calls for *belladonna*.

"The *bryonia* patient does not want you to set his bones or dress his wounds; he wants 'to go home' and die; a bad patient for the hospital; breathes as though every breath would be his last.

"The *rhus toxicodendron* patient wants you to do something for him, and not wait to talk about it; is not satisfied; is generally injured about the joints.

"The *hypericum* patient has usually been 'treading on nails,' or tried to stop a runaway, or got drunk, laid out in the gutter to sleep, and the rats have bitten him.

"The *nux vomica* patient is generally hurt about the spinal cord; he feels very sick, and wants you to pull down the blinds, go out of the room, and see if he will not feel better.

"The *ruta* patient has been out in the street, and had a battle with someone who has kicked him on the shins, punched him in the ribs, or pounded his head, but not his face. He has laid out a great deal of strength, and he will tell you nearly every bone in his body is broken.

"The *gelsemium* patient is nervous, exhausted; pulse frequent, soft, weak and fluttering; looks at you with the appeal of a drowning man; wants you to raise him up, it will make him feel better.

"The *calendula* patient has cut himself accidentally, or someone has been carving him up. Use it externally.

"The *opium* patient is not there. He has gone to the land of profound slumber. He looks at you, but will not see you. You can dress his wounds, set his bones, and he will scarcely say a word.

"The *sulphuric acid* patient is an old case, and is beyond arnica or ruta.

"The *hepar sulphur* case was hurt last week, and there is an abscess, for which you will be called upon to make a prognosis.

"The *sulphur* case will call for cold stones instead of hot bricks."—*Northwestern Journal of Homeopathy, September.*

SYPHILITIC ULCERATION OF THE SOFT PALATE.—Dr. I. W. CONDICT, of Dover, N. J., writes:—

"I have recently witnessed satisfactory results from the persistent administration of SUCCUS ALTERANS in an aggravated case of the destruction of the tonsil, velum, and all surrounding soft parts, where iodide of potassium had been exhibited more than two months in liberal doses, even as high as four hundred grains per day continually for three weeks of the time, and had failed to arrest the progress of the disease."

(We personally know Dr. Condict as a physician of large practice, much above the average in education, and one of the most successful physicians in New Jersey. Coming from him the above is a very high commendation.—*Ed. Mass. Med. Journal.*)

BOOK NOTICES.

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY. By R. A. Witthaus, A. M., M. D.

We have in this little treatise forty-two pages devoted to urinary analysis, containing the essentials of laboratory work stripped of all superfluity of language and description. The remaining pages contain a like brief and thorough treatment of toxicology. The whole forms a very useful contribution to these departments of medical literature, and will be found of value on account of its clearness and condensation. Wm. Wood & Co. publishers.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Published monthly. $10.00 a year; single copies, $1.00. Volume 3, No. 2, contains: "The treatment of Syphilis at the Present Time," by Dr. M. Von Zeissi; "The Treatment of Inebriety in the Higher and Educated Classes," by Dr. Jas. Stewart, and "A Manual of Hypodermic Medication," by Drs. Bourneville and Bricon.

In dealing with syphilis, Dr. Von Zeissi has infused considerable interest in that much-abused and hackneyed subject, and has given us a very readable review of the modern treatment of that disease.

The "Treatment of Inebriety in the Higher Classes" contains nothing particularly original, although it will bear perusal.

The "Manual of Hypodermic Medication" is, however, a really valuable work, bringing this rapidly growing branch of therapeutics down to date.

NERVOUS SYPHILIS. By H. C. Wood, M. D. Volume 1 of Physicians' Leisure Library," published by Geo. S. Davis, Detroit, Mich. Price, paper, 25 cts., $2.50 per set; cloth, 50 cts., $5.00 per set.

With "Nervous Syphilis" begins the fourth year of the publication of this popular series of medical treatises. It is fully up to the standard of former volumes, and will be well received. Dr. Wood has been a diligent toiler in this field, and has produced a very readable work.